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APPLICANTS

Robert Pollin, Rockville, MD;

** CONTINUING DATA *****

This application is a DIV of 08/879,022 06/19/1997 PAT 6,041,315 *all*
 which is a DIV of 08/625,315 04/01/1996 PAT. 5,727,249
 which is a DIV of 07/959,930 10/15/1992 PAT. 5,504,677

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MD	SHEETS DRAWING 8	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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ADDRESS
 26111
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TITLE
 Automated payment system and method *all*
 Automated Payment System and Method for Unknown New Users

FILING FEE RECEIVED 994	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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